
COVID-19 Guidance for Congregate Living

April 2020

COVID-19 is a respiratory illness that can spread from person to person. All orders and recommendations are to help prevent exposures to COVID-19. This is a rapidly evolving situation. To limit the spread and impact of COVID-19, our community must work together.

We strongly recommend that the following strategies, recommended by the Centers for Disease Control and Prevention (CDC), to protect staff, residents, and visitors. We recognize that much of the support and care that is provided in residential settings cannot be deferred. We encourage you to customize and prioritize these recommendations as necessary.

Health Screening

1. Implement active screening and monitoring of residents and staff for fever and respiratory symptoms.
2. Instruct clients and staff to report new symptoms as soon as possible.
3. Identify staff that work at multiple facilities, including agency staff, regional or corporate staff, etc., and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19.

Visitor Limitation

1. Restrict visitation of all nonresidents unless it is deemed necessary to directly support a resident's health and wellness or for certain compassionate-care situations, such as end-of-life care or young children in residential treatment.
 - a. For visitors who enter a facility for a compassionate-care situation, require hand hygiene and use of personal protective equipment (PPE), such as facemasks and gloves.
 - b. In lieu of in-person visits, consider offering alternative means of communication for people who would otherwise visit, such as phone, video-communication, etc.

Physical Distancing

1. Maintain a distance of at least 6 feet (approximately 2 arm-lengths) between individual residents and staff. An exception may be staff providing essential personal care.
 - a. Educate residents and volunteers to be mindful of their proximity to others.
 - b. Reconfigure common spaces so that seating ensures physical distancing.
2. Arrange beds in group sleeping areas so that individuals lay head-to-toe (or toe-to-toe), or create barriers between beds using items such as foot lockers, dresser, or curtains.
3. Suspend communal dining unless physical distancing is possible. Consider staggered eating times; clean all surfaces between shifts. Or serve residents individual meals in their rooms.

4. Cancel group activities and individual outings that require close contact between individuals unless they are essential. Activities that maintain physical distancing of 6 feet between individuals may continue in the home.
5. Allow use of outdoor space immediately surrounding the residential setting if physical distancing can be maintained.
6. Leave the home only for urgent appointments.

Personal Hygiene

1. Provide tissues and no-touch disposal receptacles throughout the facility.
2. Provide soap and water in the workplace. If soap and water are not readily available, use alcohol-based hand sanitizer that is at least 60% alcohol. If hands are visibly dirty, soap and water works better than hand sanitizer. Place hand sanitizers in multiple locations to encourage hand hygiene.
3. Ensure that adequate supplies are maintained.
4. Discourage handshaking – encourage the use of other noncontact methods of greeting.
5. Provide or allow the use of cloth face coverings. CDC recommends the use of these to slow the spread of the virus and help people who may not know they have the virus from transmitting it to others. Cloth face coverings fashioned from household items or made at home from common materials can augment but should not replace other public health measures, like social distancing and hand washing.
 - a. Cloth face coverings do not include surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

Environmental Cleaning

1. Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that you usually use in these areas and follow the directions on labels.
2. Discourage workers from using other workers' phones, desks, offices or work tools and equipment if possible.
3. Provide disposable wipes so that employees can wipe down commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) before each use.

Isolation and Quarantine

Employees who have [symptoms](#) of illness (like fever, cough, or shortness of breath) must notify their supervisor and stay home. Sick employees should follow [CDC recommendations](#). They will not be allowed to return to work until the criteria to [discontinue home isolation](#) are met, in consultation with a healthcare provider and the health department.

The health department will quarantine to their homes employees who have been identified as close contacts of a positive case of COVID-19. They will be unable to return to work until the health department releases them.

1. Consider offering flexible leave and telework policies to make it easier for your staff to stay home when they're sick or caring for a sick family member. If it isn't currently available, consider providing paid sick-leave for employees impacted by COVID-19.
2. Isolate sick employees who appear to have respiratory [symptoms](#) (like fever, cough, or shortness of breath) when they arrive at work or if they become sick during the day. Send them home as soon as

possible. Sick employees should cover their nose and mouth with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).

3. Isolate sick residents. Develop a plan to separate residents with symptoms from residents without. This is critical to stopping spread of the disease. Strategies to accomplish this separation include:
 - a. Separating residents who share a room when one has symptoms. If both residents have symptoms, they can remain in the room together.
 - b. If your building has multiple floors or buildings, designate one for residents who are well and one for residents with symptoms.
 - c. Designate separate bathrooms for people with and without symptoms. If the bathroom is shared, clean and disinfect after each use. Focus on frequently touched surfaces, like door handles, sinks, and paper-towel dispensers.

Limit Interaction

1. Identify and limit the number of staff interacting with isolated residents.
2. Maintain social distancing as much as possible. Complete caregiver tasks from 6 feet away or more if possible. Consider leaving food or medication outside a door or 6 feet away from sick residents.
3. Use personal protective equipment (PPE) if you enter an isolation room or have physical contact with a sick individual. This includes facemask, disposable gloves, and a gown.

For more about strategies to prevent the spread of COVID-19 in Residential Living Facilities: www.cdc.gov/coronavirus/2019-ncov/community

For a link to this document and other local information:
www.lccountymt.gov/health/covid-19.html